

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044682

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

195

Primary Registration District No.

Registrar's No.

61-63

FILED NOV 27 1963

1. PLACE OF DEATH

a. COUNTY

McDonald

b. CITY (If outside corporate limits, give TOWNSHIP only)

Lanagan

Length of stay in 1b

2 months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Blowers Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

McDonald

c. CITY
OR
TOWN

Southwest City,

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

Rt. # 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Mary

Middle

A. J.

Last

Darling

4. DATE
OF
DEATH

Month

Day

Year

Nov. 14, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-24-80

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Emma Darling, Southwest City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arterio Sclerotic heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

July 1963 to Nov 1963 and last saw her alive on Nov 10, 1963

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/18/63

23c. NAME OF CEMETERY OR CREMATORY

Lawson Cemetery

23d. LOCATION (City, town, or county)

Southwest City, Mo.

(State)

OKLAHOMA

24. FUNERAL DIRECTOR

ADDRESS

Doweney-Woodard-Mooney, Noel, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 26, 1963

26. REGISTRAR'S SIGNATURE

Mary A. Bradley

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wayne A. Woodward

Licensed Embalmer No. 5172

P. O. Address Neel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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